



NORTH CAROLINA

Department of Transportation



New Directors Training Part II

Donnie Tim and Carolyn Freitag

September 24, 2018



NORTH CAROLINA

Department of Transportation



DBE & TITLE VI FORMS

Benny Sloan, Brandon Lee & Tanisha McCoy

10/8/2018

Purpose of Presentation

- Explanation of the DBE & Title VI forms
- The importance of the forms
- To answer any questions

DBE/MBE/WBE/HUB

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION PUBLIC TRANSPORTATION DIVISION

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2020

APPLICANT'S NAME: _____ PERIOD COVERED _____
MAILING ADDRESS: _____ From: _____
VENDOR NUMBER: _____ To: _____

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2020:

| DBE/MBE/WBE/HUB Vendor/Subcontractor's Name | Mailing Address City, State, Zip | ID# from NCDOT Website | Describe Service/ Item to be Purchased | Anticipated Expenditure (\$) |
|--|-------------------------------------|---------------------------|---|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | TOTAL |

- ☐ The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY 2020.
☐ The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2020.

Signature of Authorized Official

Date

DBE GFE CERTIFICATION

DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections (*Legal Name of Applicant*) _____ is committed to and shall make good faith efforts to purchase from and award contracts to Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

| Required by PTD | Check all that apply | Description |
|-----------------|--------------------------|--|
| * | <input type="checkbox"/> | Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities; |
| * | <input type="checkbox"/> | Document telephone calls, emails and correspondence with or on behalf of DBEs; |
| | <input type="checkbox"/> | Advertise purchase and contract opportunities on local TV Community Cable Network; |
| * | <input type="checkbox"/> | Request purchase/contract price quotes/bids from DBEs; |
| | <input type="checkbox"/> | Monitor newspapers for new businesses that are DBE eligible |
| * | <input type="checkbox"/> | Encourage interested eligible firms to become NCDOT certified. Interested firms should contact the DBE Certification office at (919) 508-1852 for more information |
| * | <input type="checkbox"/> | Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information |
| * | <input type="checkbox"/> | Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at https://www.ebs.nc.gov/VendorDirectory/default.html |
| | <input type="checkbox"/> | Other efforts: Describe: |
| | <input type="checkbox"/> | Other efforts: Describe: |

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <https://www.ebs.nc.gov/VendorDirectory/default.html>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

DBE IS

Department of Transportation Subcontractor Payment Information

Submit with Invoice To: Invoice Coordinator
North Carolina Department of Transportation
Division / Branch
Address
Raleigh, NC XXXXX-XXXX

Firm Invoice No. Reference _____
NCDOT PO / Contract Number _____
WBS No. (State Project No.) _____
Date of Invoice _____
Signed _____

| Invoice Line Item Reference | Payer Name | Payer Federal Tax Id | Subcontractor / Subconsultant/ Material Supplier Name | Subcontractor / Subconsultant / Material Supplier Federal Tax Id | Amount Paid To Subcontractor / Subconsultant / Material Supplier This Invoice | Date Paid To Subcontractor / Subconsultant / Material Supplier This Invoice |  |
|-----------------------------------|------------|-------------------------|--|---|---|---|---|
|-----------------------------------|------------|-------------------------|--|---|---|---|---|

TITLE VI

SECTION 5311, 5310, 5339, Consolidated Capital, 5307 or State Funds Call for Projects TITLE VI PROGRAM REPORT

Legal Name of Applicant: _____
(Complete either Part A or Part B; and Part C)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, No complaints or lawsuits alleging discrimination have been filed against _____ (*Transit System Name*) during the period **July 1, 2017 through June 30, 2018**.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ (*Transit System Name*) during the period **July 1, 2017 through June 30, 2018**.

| Complainant Name/Address/Telephone Number | Date | Description | Status/Outcome |
|---|------|-------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Attach an additional page if required.)

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part C - Title VI Plan

Do you currently have a Title VI Plan: _____

Date of last plan update: _____

SUMMARY

- ALL FORMS ARE REQUIRED
- SUBMIT WITH INVOICE TO PTD
- ELECTRONIC CLAIMS PROCESSING SYSTEM
- DATA IS PASSED TO NCDOT SECRETARY, FTA, USDOT FOR REPORTING

Contact Information

- Benny Sloan; DBE Program Mgr.
- 919-508-1852; bfsloan@ncdot.gov
- Brandon Lee; DBE Certification Officer
- 919-508-1941; bclee1@ncdot.gov
- Tanisha McCoy; Title VI Officer
- 919-508-1867; tmccoy1@ncdot.gov

New Directors Training Part II

Understanding Public Transportation Division

- This session follows up the New Grantee training held in May 2018. It is based on feedback from the course evaluations and intends to provide more in-depth discussion on the topics covered in the May training.
- The session will go in detail on subjects such as the funding programs and application packages, reporting guidelines, and Safety and Security. Attendees will have an opportunity to ask questions that have come up since the May training.

New Directors Training Part II

Getting the most out of our federal grants

- 5311 Admin and/or Operating
- Capital
- 5310 Operating and 5310 Capital Purchase of Service
- 5307
- 5303

New Directors Training Part II

Getting the most out of our state grants

- ROAP/SMAP
- Urban/Regional Technology
- Urban State Match
- Transportation Demand Management
- Traveler's Aid
- Intern and Apprenticeships



FY 2020 Call for Projects

Call for Projects: August 6, 2018 – November 2, 2018

| | |
|---|------------------------------|
| 5311 Admin/Operating | Combined Capital |
| 5310 Operating | Mobility Manager |
| <i>5310 Capital – Purchase of Service</i> | ConCPT |
| 5339 | Traveler's Aid |
| Rural State Operating* | 5307 |
| <i>STI – Capital – Rural</i> | <i>STI – Capital - Urban</i> |

*Rural State Operating for multi-county, regional, or consolidated systems only.



FY 2020 Call for Projects

- 1) Call for Projects: August 6, 2018 – November 2, 2018
- 2) PTD Review/Contract Process: November - July
Activity Cycle

- MDS discusses Capital needs/planned requests
- MDS provides technical assistance with applications as needed
- Procurement review during application process
- System uploads application/MDS reviews application
- Contract
- Claims and reimbursements/EBS

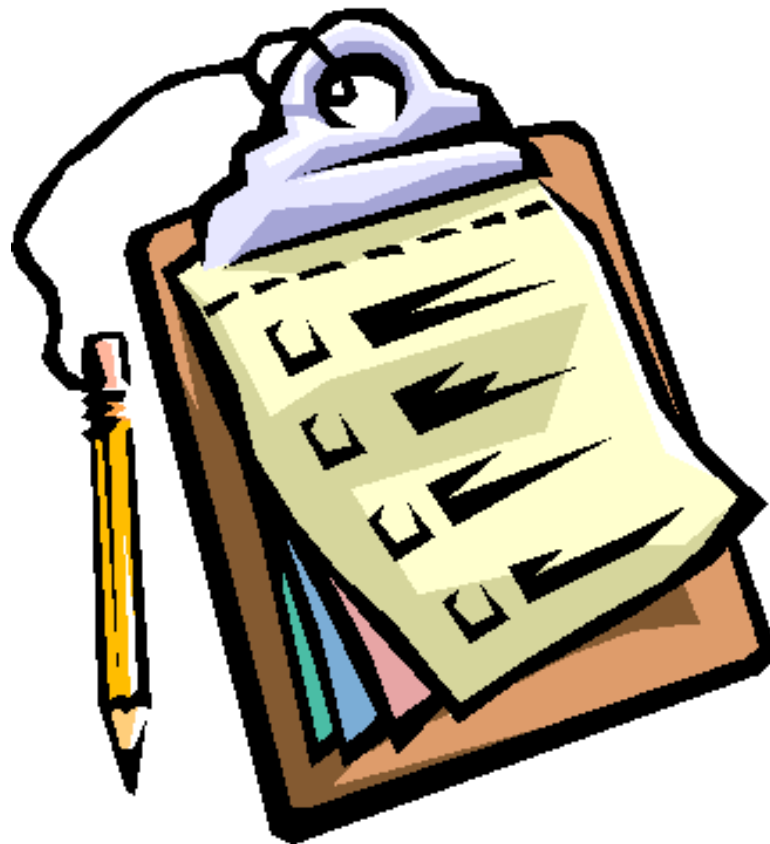
Grant Information and Requirements

- Section 5311 Admin/Operating
- Combined Capital
- Section 5310 Enhanced Mobility of Seniors and Individuals w/ Disabilities Program
- Mobility Management
- Rural State Operating *multi-county, regional, or consolidated systems only.
- Traveler's Aid
- ConCPT
- Local Match

Grant Information and Requirements

- 5307
- STI – Capital - Rural
- STI – Capital – Urban
- Local Match

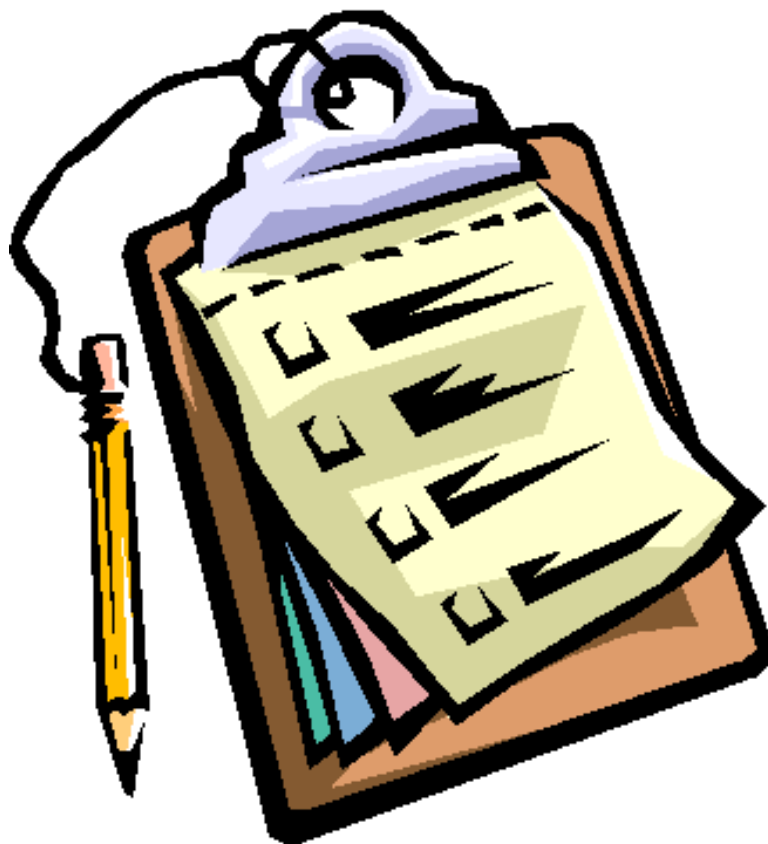
Review Application Documents



Break



Progress Reports



Progress Reports and Reviews

- Status reports for claims – monthly/quarterly
- OpStats – quarterly, annual
- ROAP – quarterly, annual
- Charter – quarterly
- Training - quarterly
- Program Income - quarterly
- DAMIS – 2x per year – 1 survey, 1 report
- Status reports for claims - monthly/quarterly
- Proficiency Review
- System Safety Review

5311 Admin Progress Report Form

Administration Grant Progress Reporting Form (3) [Compatibility Mode] - Word

Carolyn M. Freitag

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Clipboard Font Paragraph Styles Editing

North Carolina Department of Transportation
Public Transportation Division
ADMINISTRATION GRANT PROGRESS REPORTING FORM

Project Name:
Project Number:
WBS Element:
Period Covered:

| Administrative Activity | Accomplishments During Period |
|------------------------------|-------------------------------|
| Staff Changes | |
| Advertising/Marketing | |
| Training | |
| Outreach Efforts | |
| TAB Meeting Date & Summary | |
| Travel | |
| Repairs & Maintenance | |
| Other Significant Activities | |

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5310 Progress Report Form

5310 Reporting Form (3) [Compatibility Mode] - Word

Carolyn M. Freitag

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North Carolina Department of Transportation
Public Transportation Division
Section 5310 (Elderly & Disabled) Reporting Form

Reporting Period: _____ to _____

Please complete the following information and submit/attach with your claim for reimbursement.

| | |
|---|---|
| ENTER AGENCY NAME HERE | |
| Agency Address | |
| Point of Contact Information | Name: _____ Phone: _____ |
| Names of Counties Served <small>List all counties served even if partial county is served</small> | |
| Actual or estimated number of one-way trips | Purchase of service: _____ <small>(All trips not using a 5310 funded vehicle)</small> Using 5310 funded vehicle(s): _____ |
| Number of individuals eligible to be served <small>Report the number of clients that are eligible to receive transportation services in the counties you serve</small> | |

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Combined Capital Progress Report Form

**North Carolina Department of Transportation
Public Transportation Division
CAPITAL GRANT REPORTING FORM**

| Name of Grantee: | | Period of Performance: | | |
|--------------------------------|---|-------------------------------|-----------------------|-------------|
| Project #: | | Period Covered: | | |
| WBS Element: | | Report Date: | | |
| Capital Item & Code | Description of Item (Name the item and identify as state contract or local procurement. No dates are needed for state contract items.) | Quantity | Project Status | Date |
| G- | | | IFB Issued | |
| | | | Contract Awarded | |
| | | | Contract Completed | |
| Status: | | | | |
| G- | | | IFB Issued | |
| | | | Contract Awarded | |
| | | | Contract Completed | |
| Status: | | | | |
| G- | | | IFB Issued | |
| | | | Contract Awarded | |
| | | | Contract Completed | |
| Status: | | | | |
| G- | | | IFB Issued | |
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| G- | | | IFB Issued | |
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| | | | Contract Completed | |
| Status: | | | | |
| G- | | | IFB Issued | |
| | | | Contract Awarded | |
| | | | Contract Completed | |
| Status: | | | | |

*IFB - Information for Bids

Report Prepared by: _____
Name Title

Date: _____

Mobility Management Report Form

Microsoft Word ribbon: FILE, HOME, INSERT, DESIGN, PAGE LAYOUT, REFERENCES, MAILINGS, REVIEW, VIEW, ACROBAT. Title bar: Mobility Management Progress Reporting Form [Compatibility Mode] - Word. User: Carolyn M. Freitag.

**North Carolina Department of Transportation
Public Transportation Division
MOBILITY MANAGEMENT PROGRESS REPORTING FORM**

Grantee Name:
Project Number:
WBS Element:
Period Covered:

| Mobility Management Activity | Accomplishments During Period (Provide as much detail as possible) |
|---|--|
| Total Trips for Area Served (breakdown by system) | |
| Breakdown Trip Purpose by Percent | |
| Meetings Attended (list type, date, sponsor) and attach agenda or copy of sign-in sheet | |
| Number and Type of Client Interactions | |

| | |
|-----------------------------------|--|
| Training Attended (attach agenda) | |
| List Presentations Made | |

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**North Carolina Department of Transportation
Public Transportation Division
5307 Operating Progress Reporting Form**

Project Name:

Project Number:

Period Covered:

| Operating Activity | Activity During Period |
|-------------------------------------|-------------------------------|
| Staff Changes | |
| Unusual Operating Activities | |
| Training | |
| Repairs and Maintenance | |
| Other Significant Activities | |

System Reviews



System Reviews

What happens during these reviews:

- Site Visit I & II
- Proficiency Review
- Drug and Alcohol Review
- System Safety Review

AssetWorks

What happens during these reviews:

- Keep vehicle inventory up-to-date
- Open and close work orders
- Keep vehicle mileage up-to-date
- Report incidents and/or accidents



PUBLIC TRANSPORTATION AGENCY
SAFETY PLAN (PTASP) & SYSTEM
SAFETY PLAN (SSP)



**Federal Transit
Administration**

PUBLIC TRANSPORTATION AGENCY SAFETY PLAN (PTASP)

- The Public Transportation Agency Safety Plan rule requires transit agencies to incorporate Safety Management System (SMS) policies and procedure as they develop safety plans to better manage their safety risks.
- The Plan was finalized by the US Department of Transportation-Federal Transit Administration (FTA) on **July 19, 2018**.
- The final rule applies to all public transportation system operators that receive Federal financial assistance under 49 U.S.C. Chapter 53 (5307 recipients) and becomes effective **July 19, 2019**.
- Each State, local government authority and any other operator of a public transportation system must certify an established plan by **July 19, 2020**.



Confused and looking for answers to your questions?

WHAT DOES THIS MEAN FOR YOUR SYSTEM?

- 5307-funded agencies operating 100 or fewer vehicles **have** 2 years to develop a safety plan.
- 5310 & 5311 funded transit systems are **not required** to develop the safety plan.
- FTA is **deferring** the decision to the States and smaller urban transit operators to determine if the state (PTD) will draft and certify a single state-wide safety plan.

Public Transportation Division Responsibilities

- The Public Transportation Division has developed a plan and currently provides oversight.
- The Safety Security Plan (SSP) has been implemented throughout the state; but will need some revising to meet Public Transportation Agency Safety Plan requirements.
- PTD safety section will work diligently to revise the SSP so the transit system just have to edit the SSP already certified.

What are the required sections of the SMS?

- Safety Management Policy
- Safety Risk Management
- Safety Assurance
- Safety Promotion
- Performance Targets
- Standards and Requirements of FTA's PTA Safety Program and the National PT Safety Plan
- Established process and timeline for annual review and update of the agency safety plan

The Future of the SMS

- FTA will provide trainings and webinars on how to develop SMS.
- FTA will review the National Transit Database for 5310 & 5311 injuries, fatalities, safety events or an increase in system reliability.
- Based on the review of the data, FTA will determine if the SMS is required for 5310 & 5311 recipients.

Six Safety Plans

- Emergency Action Plan
- Fire Prevention Plan
- Preventative Maintenance Plan
- Drug & Alcohol Policy
- Security Plan
- COOP Plan (Continuity of Operations Plan)

Safety and Security Training

- November 6th & 7th, 2018 (Western)
 - **The Unity Center, Statesville, NC**
- November 8th & 9th, 2018 (Eastern)
 - **NC Global Trans Park, Kinston, NC**

DRUG and ALOCOHOL REVIEWS



Drug and Alcohol Reviews

- Past -Three year review timeline - June 30, 2017
- Present - D& A review- part of the Proficiency Review – July 1, 2017
- Present - Full review of Drug and Alcohol – triggers from proficiency review

Drug and Alcohol Reporting

- Notifications emailed from RLS and Associates, LLC
- Bi-annual D&A survey – August 15
- D&A annual reporting –February 15

REASONABLE SUSPICION DECISION MAKING



Major Change

- Effective date - January 1, 2018
- Terminology:
 - Opiates -changed to Opioids
- New Drug Testing Panel includes:
Hydrocodone, Hydromorphone,
Oxycodone & Oxymorphone

WHAT MUST BE EVALUATED

➤ Appearance

➤ Behavior

➤ Speech

➤ Body Odors

❖ Specific, Contemporaneous and Articulate



DAPM/Reasonable Suspicion Training

- April 16th & 17th, 2019 (Western)
 - The Ag Center, Statesville, NC
- April 18th & 19th, 2019 (Eastern)
 - NC Global Trans Park, Kinston, NC (To be confirmed)

PROCUREMENT



Procurement Hot Topics Update

- WEBINARS AND FACE TO FACE TRAININGS
- FY19 order forms
- Procurement's Quick-Reference Purchasing Guide
- Proper forms for procurement request
 - Procurement History Form
 - Procurement Checklist

Procurement (continued)

- Researching potential vendors- camera installations & providing training
- Purchase and Contract - RFP – currently being solicited for Bi-fuel Conversion Kits

Procurement Webinar

- Procurement warranty and devices webinar

October 24, 2018

Hosted By:

Eric Williams –Senior Procurement Management & Samantha Bryant-Procurement Specialist

Questions



